

CIDRA CORP LEGAL DEPT
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001

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FEB 14 2006

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7590 11/14/2005

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02/15/2006 CNGUYEN1 00000006 500260 10762408

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Nancy C. Roach (Depositor's name)
Nancy C. Roach (Signature)
2/14/06 (Date)

APPLICATION NO.	FILING DATE.	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/762,408	01/21/2004	Daniel L. Gysling	CC-0701	4894

TITLE OF INVENTION: APPARATUS AND METHOD FOR MEASURING UNSTEADY PRESSURES WITHIN A LARGE DIAMETER PIPE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/> Yes	\$1400	\$300	\$1700	02/14/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS		
ASSOUAD, PATRICK J		2857	702-189000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 1 _____
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CIDRA Corporation

Wallingford, Connecticut

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 3 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0260 (enclose an extra copy of this form).

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 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Robert D. Crawford

Date 02-14-06

Typed or printed name Robert D. Crawford

Registration No. 38,1194

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